

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Dean J Despotovich -9214  
NJ ID 029141980  
328 Clifton Ave  
Clifton NJ 07011  
973 772 6466  
Djdatty@aol.com  
Fax 973 772 6814  
Attorney for the Debtor

In Re:  
Laura Mendoza Garcia

Case No.: 24-228811-RG  
Chapter: 13  
Hearing Date: 5/7/25  
341a- 4/22/25  
Judge: Gambardella

**CERTIFICATION OF SERVICE**

1. I, attorney Dean J Despotovich Esq of 328 Clifton Ave Clifton NJ say:

☒ I represent Laura Mendoza Garcia, Debtor, in this matter.

2. On March 25, 2025 I sent a copy of the following pleadings and/or documents to the parties listed in the chart below.

☒ Notice of Motion to Reinstate the Automatic Stay

☒ Certification in Support of Motion to Reinstate the Automatic Stay

☒ Statement as to Why No Brief is Necessary

☒ Proposed Order Granting Motion to Reinstate the Automatic Stay

X Amended Plan dated March 16 2025 with Court Notice

X Amended Sch D,E,F, I, J, 106 Dec/Sum forms with Court Order

X 341a Notice for April 22 2025 @ 2 PM

3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: March 25, 2025

/s/ Dean J Despotovich  
Dean J Despotovich Esq

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Capital One, N.A. c/o AIS Info Source LLC 4515 N Santa Fe Ave Oklahoma City, OK 73118	Creditor POC 1	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> Other email-POC_AIS@aisinfo.com (As authorized by the court or rule. Cite the rule if applicable.)
JPMorgan Chase Bank, N.A. s/b/m/t Chase Bank USA, N.A. c/o National Bankruptcy Services, LLC P.O. Box 9013 Addison, Texas 75001	Creditor POC 2	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> Other_email- pocquestions@nbsdefaultservices.com (As authorized by the court or rule. Cite the rule if applicable.)
Bank of America, N.A. PO Box 673033 Dallas, TX 75267-3033	Creditor POC 3/4/5	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> Other email- card_bankruptcy_poc@bofa.com as authorized by the court or rule. Cite the rule if applicable.)
Planet Home Lending, LLC c/o KML Law Group 701 Market St Ste 5000 Philadelphia PA 19106  Attn Denise Carlon	Creditor POC 6 Mortgagee Counsel	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> Other Email- dcarlon@kmlawgroup.com (As authorized by the court or rule. Cite the rule if applicable.)
331 Main Street Associates LLC C/O Broadway Pizza 56 Broadway PATERSON, NJ 07505	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)

if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Firstsource Advantage P O BOX 1280 Oaks, PA 19456	Creditor	<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)
Samira Sinai Cortes 15 Mohawk Ave Hawthorne, NJ 07506	Non filing co debtor	<input checked="" type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)
Sayed Amin Cortes 15 Mohawk Ave Hawthorne, NJ 07506-3828	Non filing co debtor	<input checked="" type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)
US Trustee Office Dept of Justice One Newark Center Ste 2100 Newark NJ 07102		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> Other -email USTPRegion03.NJ.ECFAusdoj.gov (As authorized by the court or rule. Cite the rule if applicable.)

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
Chapter 13 Trustee Office Marie Ann Greenberg 30 Two Bridges Rd Ste 330 Fairfield, NJ 07004		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> By Email-magecf@magtrustee.com
SBA Disaster Loan Serv Ctr c/o.US. Attorney's Office District of New Jersey 970 Broad Street Newark, New Jersey 07102 Attn Eamonn O Hagan Esq		<input type="checkbox"/> Hand-delivered <input checked="" type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> Other_email- eamonn.ohagan@usdoj.gov (As authorized by the court or rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input checked="" type="checkbox"/> Other_email- card_bankruptcy_poc@bofa.com as authorized by the court or rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other Email- dcarlon@kmlawgroup.com (As authorized by the court or rule. Cite the rule if applicable.)
		<input type="checkbox"/> Hand-delivered <input type="checkbox"/> Regular mail <input type="checkbox"/> Certified mail/ Return receipt requested <input type="checkbox"/> Other _____ (As authorized by the court or rule. Cite the rule if applicable.)

3/25/25, 3:27 PM

Case No. 24-22811 Mendoza Garcia

From: Jean Renzulli (jrenzulli@magtrustee.com)

To: djdatty@aol.com

Date: Monday, March 17, 2025 at 01:57 PM EDT

Mr. Despotovich,

The above debtor's 341 hearing has been rescheduled to 4/22/25 @ 2:00 PM. This hearing will take place via Zoom:

**341 Meeting of Creditors Link**

join.zoom.us

Meeting ID 407 693 2279

Passcode 4267876130

**PLEASE NOTE: IF YOUR CLIENT WILL NEED AN INTERPRETER, YOU MUST INFORM THE TRUSTEE'S OFFICE NO LATER THAN 6 DAYS BEFORE THE HEARING.**

Please inform your client and creditors. You may direct them to the trustee's website, [www.magtrustee.com](http://www.magtrustee.com), for instructions.

***Jean Renzulli***

341 and Case Administrator

MARIE-ANN GREENBERG, CH 13 STANDING TRUSTEE

30 Two Bridges Rd, Ste 330

Fairfield, NJ 07004-1550

973-227-2840 Ext. 122

STATEMENT OF CONFIDENTIALITY THE INFORMATION CONTAINED ON AND WITH THIS EMAIL MESSAGE IS INTENDED FOR THE ADDRESSEE ONLY. IF YOU ARE NOT THE ADDRESSEE, YOU ARE PUT ON NOTICE THAT ANY USE, DISCLOSURE, REPRODUCTION, DISTRIBUTION OR DISSEMINATION OF THE INFORMATION CONTAINED HEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THE EMAIL MESSAGE IN ERROR, PLEASE CONTACT THE SENDER IMMEDIATELY SO THAT WE CAN ARRANGE FOR THE RETRIEVAL OF THE ORIGINAL DOCUMENTS AT NO COST TO YOU. THE INFORMATION IN THE EMAIL MESSAGE MAY BE PRIVILEGED AS ATTORNEY WORK-PRODUCT OR OTHERWISE.

Form 186 -- ntc13plnprior



**UNITED STATES BANKRUPTCY COURT**

District of New Jersey  
MLK Jr Federal Building  
50 Walnut Street  
Newark, NJ 07102

Case No.: 24-22811-RG  
Chapter: 13  
Judge: Rosemary Gambardella

In Re: Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Laura Mendoza Garcia  
dba S&S Party Center II LLC  
15 Mohawk Avenue  
Hawthorne, NJ 07506

Social Security No.:  
xxx-xx-4960

Employer's Tax I.D. No.:  
45-2719861

**NOTICE OF MODIFICATION OF CHAPTER 13 PLAN PRIOR TO CONFIRMATION;  
FIXING TIMES TO REJECT PLAN, COMBINED WITH NOTICE THEREOF**

A Plan was filed in this matter on 1/2/2025 and a confirmation hearing on such Plan has been scheduled for 3/5/2025.

The debtor filed a Modified Plan on 3/16/2025 and a confirmation hearing on the Modified Plan is scheduled for 5/7/2025 at 8:30 AM. Accordingly, notice is hereby given that,

1. Seven (7) days prior to the confirmation hearing of the modified plan is fixed as the last day for filing a written rejection to the modified plan.
2. Pursuant to 11 U.S.C. 1323 (c), if the Plan as modified changes the rights of the holder of a secured claim, such holder's acceptance or rejection of the Plan before modification will be deemed acceptance or rejection of the Plan as modified, unless the holder changes such holder's acceptance or rejection of the Plan within the time fixed.
3. The filing of a Modified Plan does not automatically adjourn the existing Confirmation hearing. Unless the Confirmation hearing is adjourned by the Trustee or the Court, the Court will hear arguments in support of the original plan on the scheduled Confirmation date, consider the reasons for filing the modified plan, and either adjourn the hearing date, confirm the plan, dismiss or convert the case, or take any other action on the original plan deemed appropriate.

A full copy of the modified Plan will follow this notice.

Dated: March 17, 2025  
JAN: mlc

Jeanne Naughton  
Clerk

**STATISTICAL INFORMATION ONLY: Debtor must select the number of each of the following items included in the Plan.**

0 Valuation of Security ☒ Assumption of Executory Contract or unexpired Lease 0 Lien Avoidance

Last revised: November 14, 2023

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY**

In Re:  
Laura Mendoza Garcia

Case No.: 24-22811

Judge: Gambardella

Debtor(s)

**Chapter 13 Plan and Motions**

☐ Original

☒ Modified/Notice Required

Date: 3/14/2025

☐ Motions Included

☐ Modified/No Notice Required

**THE DEBTOR HAS FILED FOR RELIEF UNDER  
CHAPTER 13 OF THE BANKRUPTCY CODE**

**YOUR RIGHTS WILL BE AFFECTED**

The Court issued a separate Notice of the Hearing on Confirmation of Plan, which contains the date of the confirmation hearing on the Plan proposed by the Debtor. This document is the actual Plan proposed by the Debtor to adjust debts. You should read these papers carefully and discuss them with your attorney. Anyone who wishes to oppose any provision of this Plan or any motion included in it must file a written objection within the time frame stated in the Notice. Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. This Plan may be confirmed and become binding, and included motions may be granted without further notice or hearing, unless written objection is filed before the deadline stated in the Notice. The Court may confirm this plan, if there are no timely filed objections, without further notice. See Bankruptcy Rule 3015. If this plan includes motions to avoid or modify a lien, the lien avoidance or modification may take place solely within the Chapter 13 confirmation process. The plan confirmation order alone will avoid or modify the lien. The debtor need not file a separate motion or adversary proceeding to avoid or modify a lien based on value of the collateral or to reduce the interest rate. An affected lien creditor who wishes to contest said treatment must file a timely objection and appear at the confirmation hearing to prosecute same.

**The following matters may be of particular importance. Debtors must check one box on each line to state whether the plan includes each of the following items. If an item is checked as "Does Not" or if both boxes are checked, the provision will be ineffective if set out later in the plan.**

**THIS PLAN:**

☐ DOES ☒ DOES NOT CONTAIN NON-STANDARD PROVISIONS. NON-STANDARD PROVISIONS MUST ALSO BE SET FORTH IN PART 10.

☒ DOES ☐ DOES NOT LIMIT THE AMOUNT OF A SECURED CLAIM BASED SOLELY ON VALUE OF COLLATERAL, WHICH MAY RESULT IN A PARTIAL PAYMENT OR NO PAYMENT AT ALL TO THE SECURED CREDITOR. SEE MOTIONS SET FORTH IN PART 7, IF ANY, AND SPECIFY: ☐ 7a / ☐ 7b / ☐ 7c.

☐ DOES ☒ DOES NOT AVOID A JUDICIAL LIEN OR NONPOSSESSORY, NONPURCHASE-MONEY SECURITY INTEREST. SEE MOTIONS SET FORTH IN PART 7, IF ANY, AND SPECIFY: ☐ 7a / ☐ 7b / ☐ 7c.

Initial Debtor(s) Attorney: DJD Initial Debtor: LM Initial Co-Debtor:



Part 1: Payment and Length of Plan

a. The debtor shall pay to the Chapter 13 Trustee \$ 317 monthly for 36 months starting on the first of the month following the filing of the petition. (If tier payments are proposed) : and then \$ \_\_\_\_\_ per month for \_\_\_\_\_ months; \$ \_\_\_\_\_ per month for \_\_\_\_\_ months, for a total of \_\_\_\_\_ months.

b. The debtor shall make plan payments to the Trustee from the following sources:

☒ Future earnings

☐ Other sources of funding (describe source, amount and date when funds are available):

c. Use of real property to satisfy plan obligations:

☐ Sale of real property

Description:

Proposed date for completion: \_\_\_\_\_

☐ Refinance of real property:

Description:

Proposed date for completion: \_\_\_\_\_

☐ Loan modification with respect to mortgage encumbering real property:

Description:

Proposed date for completion: \_\_\_\_\_

d. ☐ The regular monthly mortgage payment will continue pending the sale, refinance or loan modification. See also

Part 4.

☐ If a Creditor filed a claim for arrearages, the arrearages ☒ will / ☐ will not be paid by the Chapter 13

Trustee pending an Order approving sale, refinance, or loan modification of the real property.

e. For debtors filing joint petition:

☐ Debtors propose to have the within Chapter 13 Case jointly administered. If any party objects to joint

administration, an objection to confirmation must be timely filed. The objecting party must appear at confirmation to prosecute their objection.

Initial Debtor: LM Initial Co-Debtor: \_\_\_\_\_





Part 2: Adequate Protection ☒ NONE

a. Adequate protection payments will be made in the amount of \$ \_\_\_\_\_ to be paid to the Chapter 13 Trustee and disbursed pre-confirmation to \_\_\_\_\_ (creditor). (Adequate protection payments to be commenced upon order of the Court.)

b. Adequate protection payments will be made in the amount of \$ \_\_\_\_\_ to be paid directly by the debtor(s), pre-confirmation to: \_\_\_\_\_ (creditor).

Part 3: Priority Claims (Including Administrative Expenses)

a. All allowed priority claims will be paid in full unless the creditor agrees otherwise:

Name of Creditor	Type of Priority	Amount to be Paid
CHAPTER 13 STANDING TRUSTEE	ADMINISTRATIVE	AS ALLOWED BY STATUTE
ATTORNEY FEE BALANCE	ADMINISTRATIVE	BALANCE DUE: \$ 3500.00
DOMESTIC SUPPORT OBLIGATION		

b. Domestic Support Obligations assigned or owed to a governmental unit and paid less than full amount:

Check one:

☒ None

☐ The allowed priority claims listed below are based on a domestic support obligation that has been assigned to or is owed to a governmental unit and will be paid less than the full amount of the claim pursuant to 11 U.S.C. 1322(a)(4):

Name of Creditor	Type of Priority	Claim Amount	Amount to be Paid
	Domestic Support Obligations assigned or owed to a governmental unit and paid less than full amount.		



Part 4: Secured Claims

**a. Curing Default and Maintaining Payments on Principal Residence: ☒ NONE**

The Debtor will pay to the Trustee allowed claims for arrearages on monthly obligations and the debtor shall pay directly to the creditor monthly obligations due after the bankruptcy filing as follows:

Name of Creditor	Collateral or Type of Debt (identify property and add street address, if applicable)	Arrearage	Interest Rate on Arrearage	Amount to be Paid to Creditor by Trustee	Regular Monthly Payment Direct to Creditor
					Debtor shall pay the regular monthly payment pursuant to the terms of the underlying loan documents unless otherwise ordered.

**b. Curing and Maintaining Payments on Non-Principal Residence & other loans or rent arrears: ☒ NONE**

The Debtor will pay to the Trustee allowed claims for arrearages on monthly obligations and the debtor will pay directly to the creditor monthly obligations due after the bankruptcy filing as follows:

Name of Creditor	Collateral or Type of Debt (identify property and add street address, if applicable)	Arrearage	Interest Rate on Arrearage	Amount to be Paid to Creditor by Trustee	Regular Monthly Payment Direct to Creditor
					Debtor shall pay the regular monthly payment pursuant to the terms of the underlying loan documents unless otherwise ordered.



**c. Secured claims to be paid in full through the plan which are excluded from 11 U.S.C. 506: ☒ NONE**

The following claims were either incurred within 910 days before the petition date and are secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or incurred within one year of the petition date and secured by a purchase money security interest in any other thing of value:

Name of Creditor	Collateral (identify property and add street address, if applicable)	Interest Rate	Amount of Claim	Total to be Paid Including Interest Calculation by Trustee
				0

**d. Requests for valuation of security, Cram-down, Strip Off & Interest Rate Adjustments ☒ NONE**

1.) The debtor values collateral as indicated below. If the claim may be modified under Section 1322(b)(2), the secured creditor shall be paid the amount listed as the "Value of the Creditor Interest in Collateral," plus interest as stated. The portion of any allowed claim that exceeds that value shall be treated as an unsecured claim. If a secured claim is identified as having "NO VALUE" it shall be treated as an unsecured claim.

**NOTE: A modification under this Section ALSO REQUIRES  
the appropriate motion to be filed under Section 7 of the Plan.**

Name of Creditor	Collateral (identify property and add street address, if applicable)	Scheduled Debt	Total Collateral Value	Superior Liens	Value of Creditor Interest in Collateral	Annual Interest Rate	Total Amount to be Paid by Trustee

2.) Where the Debtor retains collateral and completes all Plan payments, payment of the full amount of the allowed secured claim shall discharge the corresponding lien.



**e. Surrender ☒ NONE**

Upon confirmation, the automatic stay is terminated as to surrendered collateral only under 11 U.S.C. 362(a) and that the stay under 11 U.S.C. 1301 shall be terminated in all respects. The Debtor surrenders the following collateral:

Name of Creditor	Collateral to be Surrendered (identify property and add street address, if applicable)	Value of Surrendered Collateral	Remaining Unsecured Debt

**f. Secured Claims Unaffected by the Plan ☐ NONE**

The following secured claims are unaffected by the Plan:

Name of Creditor	Collateral (identify property and add street address, if applicable)
Planet Home Lending	15 Mohawk Ave Hawthorne NJ

**g. Secured Claims to be Paid in Full Through the Plan: ☒ NONE**

Name of Creditor	Collateral (identify property and add street address, if applicable)	Amount	Interest Rate	Total Amount to be Paid through the plan by Trustee



Part 5: Unsecured Claims ☐ NONE

a. Not separately classified allowed non-priority unsecured claims shall be paid:

☒ Not less than \$ 11,700.00 to be distributed *pro rata*

☐ Not less than \_\_\_\_\_ percent

☐ *Pro Rata* distribution from any remaining funds

b. Separately classified unsecured claims shall be treated as follows:

Name of Creditor	Basis For Separate Classification	Treatment	Amount to be Paid by Trustee

Part 6: Executory Contracts and Unexpired Leases ☒ NONE

(NOTE: See time limitations set forth in 11 U.S.C. 365(d)(4) that may prevent assumption of non-residential real property leases in this Plan.)

All executory contracts and unexpired leases, not previously rejected by operation of law, are rejected, except the following, which are assumed:

Name of Creditor	Arrears to be Cured and paid by Trustee	Nature of Contract or Lease	Treatment by Debtor	Post-Petition Payment to be Paid Directly to Creditor by Debtor



Part 7: Motions ☐ NONE

**NOTE: All plans containing motions must be served on all affected lienholders, together with local form, Notice of Chapter 13 Plan Transmittal, within the time and in the manner set forth in D.N.J. LBR 3015-1. A Certification of Service, Notice of Chapter 13 Plan Transmittal, and valuation must be filed with the Clerk of Court when the plan and transmittal notice are served**

**a. Motion to Avoid Liens Under 11. U.S.C. Section 522(f). ☐ NONE**

The Debtor moves to avoid the following liens that impair exemptions:

Name of Creditor	Nature of Collateral (identify property and add street address, if applicable)	Type of Lien	Amount of Lien	Value of Collateral	Amount of Claimed Exemption	Sum of All Other Liens Against the Property	Amount of Lien to be Avoided

**b. Motion to Avoid Liens and Reclassify Claim From Secured to Completely Unsecured. ☒ NONE**

The Debtor moves to reclassify the following claims as unsecured and to void liens on collateral consistent with Part 4 above:

Name of Creditor	Collateral (identify property and add street address if applicable)	Scheduled Debt	Total Collateral Value	Superior Liens	Value of Creditor's Interest in Collateral	Total Amount of Lien to be Reclassified



**c. Motion to Partially Void Liens and Reclassify Underlying Claims as Partially Secured and Partially Unsecured: ☒ NONE**

The Debtor moves to reclassify the following claims as partially secured and partially unsecured, and to void liens on collateral consistent with Part 4 above:

Name of Creditor	Collateral (identify property and add street address, if applicable)	Scheduled Debt	Total Collateral Value	Amount to be Deemed Secured	Amount to be Reclassified as Unsecured

d. Where the Debtor retains collateral, upon completion of the Plan and issuance of the Discharge, affected Debtor may take all steps necessary to remove of record any lien or portion of any lien discharged.

**Part 8: Other Plan Provisions**

**a. Vesting of Property of the Estate**

- ☒ Upon confirmation  
☐ Upon discharge

**b. Payment Notices**

Creditors and Lessors provided for in Parts 4, 6 or 7 may continue to mail customary notices or coupons to the Debtor notwithstanding the automatic stay.

**c. Order of Distribution**

The Trustee shall pay allowed claims in the following order:

- 1) Chapter 13 Standing Trustee Fees, upon receipt of funds
- 2) Priority claims
- 3) secured claims
- 4) unsecured claims
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**d. Post-Petition Claims**

The Trustee ☒ is, ☐ is not authorized to pay post-petition claims filed pursuant to 11 U.S.C. Section 1305(a) in the amount filed by the post-petition claimant.



Part 9: Modification ☐ NONE

**NOTE: Modification of a plan does not require that a separate motion be filed. A modified plan must be served in accordance with D.N.J. LBR 3015-2.**

If this Plan modifies a Plan previously filed in this case, complete the information below.

Date of Plan being Modified: 03/11/25

Explain below **why** the plan is being modified:

Are Schedules I and J being filed simultaneously with this Modified Plan? ☒ Yes ☐ No

Part 10: Non-Standard Provision(s):

Non-Standard Provisions:

☒ NONE

☐ Explain here:

Any non-standard provisions placed elsewhere in this plan are ineffective.





Signatures

The Debtor(s) and the attorney for the Debtor (if any) must sign this Plan.

By signing and filing this document, the debtor(s), if not represented by an attorney, or the attorney for the debtor(s) certify that the wording and order of the provisions in this Chapter 13 Plan are identical to Local Form, *Chapter 13 Plan and Motions*.

I certify under penalty of perjury that the above is true.

Date: 3/14/2025

/s/ Laura Mendoza  
Debtor

Date: \_\_\_\_\_

\_\_\_\_\_  
Joint Debtor

Date: 3/14/2025

/s/Dean J.Despotovich  
Attorney for the Debtor(s)

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)  
*[Enter your name, address and telephone number]*

Dean J Despotovich -9214  
NJ ID 029141980  
328 Clifton Ave  
Clifton NJ 07011  
973 772 6466  
[Djdatty@aol.com](mailto:Djdatty@aol.com)  
Fax 973 772 6814  
Attorney for the Debtor

In Re:  
*[Enter the debtor's name(s)]*

Laura Mendoza Garcia

Case No.: 24-228811-RG

Chapter: 13

Hearing Date: 4/16/25

Judge: Gambardella

**NOTICE OF MOTION TO  
REINSTATE THE AUTOMATIC STAY**

To: HONORABLE Rosemarie Gambardella USBJ  
United States Bankruptcy Court  
50 Walnut Street Ctrm 3E  
Newark, New Jersey

Marie-Ann Greenberg  
Chapter 13 Standing Trustee  
30 Two Bridges Road  
Fairfield, NJ 07004  
VIA CM/ECF

TO ALL CREDITORS  
List attached

Please Take Notice that Dean J Despotovich Esq, on behalf of the Debtor, has filed papers with the court requesting to reinstate the automatic stay.

**YOUR RIGHTS MAY BE AFFECTED. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one).**

If you do not want the court to grant this motion, or if you want the court to consider your views, you or your attorney must file with the clerk at the address listed below, a written response explaining your position no later than 7 days prior to the hearing date.

Hearing Date: 4/16/2025

Hearing Time: 10:00 AM

Hearing Location: 50 Walnut Street, 3rd Floor  
Newark, N.J. 07102

Courtroom Number: Courtroom 3E

If you mail your response to the clerk for filing, you must mail it early enough so the court will receive it on or before 7 days prior to the hearing date.

You must also mail a copy of your response to:

Marie-Ann Greenberg Chapter 13 Standing Trustee

30 Two Bridges Road

Fairfield, NJ 07004 and to

Dean J Despotovich Esq

328 Clifton Ave

Clifton NJ 07011

If you, or your attorney, do not take the steps outlined above, the court may decide that you do not oppose the relief sought in the motion and may enter an order granting that relief.

Date: 3/11/2025

/s/ Laura Mendoza Garcia  
Signature of the Debtor

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

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Attorney for the Debtor

In Re:

Laura Mendoza Garcia

Case No.: 24-228811-RG

Chapter: 13

Hearing Date: 4/16/25

Judge: Gambardella

**CERTIFICATION OF DEBTOR(S)**

I, Laura Mendoza Garcia debtor in this case, submit this Certification in support of my Motion to Reinstate the Automatic Stay.

1. I am fully familiar with the facts set forth below.
2. I filed for bankruptcy on December 31, 2024
3. At that time, it was my second filing and the automatic stay was in effect until January 30, 2025. I did not consider it necessary as my house was current and not in danger of foreclosure nor any creditor pursuing enforcement of a judgment lien.
4. I request that the stay be reinstated because I wish to successfully complete my proposed plan in Chapter 13 and now advised it is necessary in order to proceed
5. No creditor will actively be negatively effected by this reinstatement if granted

6. In addition, I am current with my plan payments and I have complied with all known requirements to date to have my plan confirmed

I certify under penalty of perjury that the above is true.

Date: March 11 2025

/s/Laura Mendoza Garcia  
Signature of the Debtor

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

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Attorney for the Debtor

In Re:  
Laura Mendoza Garcia

Case No.: 24-228811-RG

Chapter: 13

Hearing Date: 4/16/25

Judge: Gambardella

**STATEMENT AS TO WHY NO BRIEF IS NECESSARY**

In accordance with D.N.J. LBR 9013-1(a)(3), it is respectfully submitted that no brief is necessary in the Court's consideration of this motion, as it does not involve complex issues of law.

Date: March 11 2025

/s/ Laura Mendoza Garcia  
Signature of the Debtor

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

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In Re:

Laura Mendoza Garcia

Case No.: 24-228811-RG  
Chapter: 13

Hearing Date: 4/16/25

Judge: Gambardella

**ORDER REINSTATING AUTOMATIC STAY**

The relief set forth on the following page is hereby **ORDERED**.

*[Leave the rest of this page blank]*

This matter having been presented to the Court by \_\_\_\_\_ and the Court having reviewed the motion and any opposition filed, and for good cause shown it is

ORDERED that:

The automatic stay is reinstated as to all creditors served with the motion as of the date of this order, except those previously granted stay relief.

IT IS FURTHER ORDERED that within 3 days of the date of this Order, the debtor must serve all creditors and parties in interest with a copy of this Order and immediately thereafter file Local Form *Certification of Service*.



Fill in this information to identify your case.

Debtor 1	<u>Laura</u>	<u>Mendoza Garcia</u>
	First Name	Last Name
Debtor 2		
(Spouse, if filing)	First Name	Last Name
United States Bankruptcy Court for the District of <u>New Jersey</u>		
Case number (if known) _____		

☒ Check if this is an amended filing

Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

### 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Don't include the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion (if any)
<u>\$328,797.00</u>	<u>\$166,670.00</u>	<u>\$162,127.00</u>

#### 2.1 Planet Home Lending

Creditor's Name  
321 Research Parkway Ste 303  
Number Street  
Meriden, CT 06450  
City State ZIP Code

Describe the property that secures the claim:

15 Mohawk Avenue Hawthorne, NJ 07506

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number 5 8 0 7

Add the dollar value of your entries in Column A on this page. Write that number here:

\$328,797.00

Fill in this information to identify your case.

Debtor 1	<u>Laura</u>	<u>Mendoza Garcia</u>
	First Name	Last Name
Debtor 2		
(Spouse, if filing)	First Name	Last Name
United States Bankruptcy Court for the District of	<u>New Jersey</u>	
Case number (if known)		

☐ Check if this is an amended filing

Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1 Dean J Despotovich Last 4 digits of account number            \$3,500.00 \$3,500.00 \$0.00

Priority Creditor's Name 328 CLIFTON AVE

When was the debt incurred?           

Number            Street           

Clifton, NJ 07011

City            State            ZIP Code           

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☐ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☒ Other. Specify Attorney Fees

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Laura Mendoza Garcia Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims, fill out the Continuation Page of Part 2.

<b>4.1</b>	<b>BANK OF AMERICA</b>	Last 4 digits of account number <u>4 4 9 8</u>	<u>\$4,832.77</u>
Nonpriority Creditor's Name <b>PO BOX 15796</b>		When was the debt incurred? _____	
Number _____ Street _____		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>WILMINGTON, DE 19886</b>			
City _____ State _____ ZIP Code _____		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>4.2</b>	<b>BANK OF AMERICA</b>	Last 4 digits of account number <u>6 0 7 2</u>	<u>\$4,448.77</u>
Nonpriority Creditor's Name <b>PO Box 15019</b>		When was the debt incurred? _____	
Number _____ Street _____		As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>WILMINGTON, DE</b>			
City _____ State _____ ZIP Code _____		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Laura

Mendoza Garcia

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3

**BANK OF AMERICA**

Last 4 digits of account number 7 8 0 5

\$2,421.61

Nonpriority Creditor's Name

When was the debt incurred? 1

PO Box 15019

Number Street

As of the date you file, the claim is: Check all that apply.

WILMINGTON, DE

City State ZIP Code

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.4

**CAPITAL ONE**

Last 4 digits of account number 2 8 3 1

\$4,804.14

Nonpriority Creditor's Name

When was the debt incurred? \_\_\_\_\_

PO Box 4069

Number Street

As of the date you file, the claim is: Check all that apply.

CAROL STREAM, IL

City State ZIP Code

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 Laura Mendoza Garcia Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

<b>4.5</b>	<b>CAPITAL ONE</b>	Last 4 digits of account number	<u>2 5 9 8</u>	<b>\$5,835.72</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>PO Box 4069</b>				
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>CAROL STREAM, IL</b>		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
City State ZIP Code		Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

<b>4.6</b>	<b>CHASE BUSINESS</b>	Last 4 digits of account number	<u>3 3 6 5</u>	<b>\$7,000.00</b>
Nonpriority Creditor's Name		When was the debt incurred? _____		
<b>CARDMEMBER SERVICE</b>				
<b>PO Box 1423</b>		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Charlotte, NC 28201</b>		Type of NONPRIORITY unsecured claim:		
City State ZIP Code		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____		
Who incurred the debt? Check one.				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Laura Mendoza Garcia Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**TOTAL CLAIM**

4.7 Main Street 331 Associates LLC Last 4 digits of account number \_\_\_\_\_ **\$10,000.00**

Nonpriority Creditor's Name

When was the debt incurred? \_\_\_\_\_

C/O Broadway Pizza

56 Broadway

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

PATERSON, NJ 07505

☐ Unliquidated

City State ZIP Code

☒ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☒ Other. Specify \_\_\_\_\_

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1 Laura Mendoza Garcia Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Firstsource Advantage

Name

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

P O BOX 1280

Number Street

Oaks, PA 19456

City

State

ZIP Code

Debtor 1 Laura Mendoza Garcia Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$3,500.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$3,500.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$39,343.01</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$39,343.01</u>



Fill in this information to identify your case:

Debtor 1 Laura Mendoza Garcia  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number  
 (if known) \_\_\_\_\_

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

☒ Employed ☐ Not Employed

Owner and sole employee

Manager

Self

United Fire Sprinkler Protection

New Jersey

15 Mohawk Ave

1117 McBride Ave

Number Street

Number Street

S&S Party Center II

Hawthorne, NJ 07506-3828

Woodland Park, NJ 07424-2539

City State Zip Code

City State Zip Code

How long employed there? \_\_\_\_\_

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2.

\$0.00

\$0.00

3. Estimate and list monthly overtime pay.

3.

+ \$0.00

+ \$0.00

4. Calculate gross income. Add line 2 + line 3.

4.

\$0.00

\$0.00

Debtor 1

**Laura**

**Mendoza Garcia**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→ 4.	\$0.00	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$0.00	\$0.00
5b. Mandatory contributions for retirement plans	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	\$0.00	\$0.00
5e. Insurance	\$0.00	\$0.00
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify: _____	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$0.00	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$3,174.75	\$0.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$360.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$0.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify: <b>Income from All Other Sources Rental (Parents)</b>	\$1,500.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$5,034.75	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	\$5,034.75	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies		\$5,034.75
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Debtor 1

**Laura**

**Mendoza Garcia**

Case number (if known) \_\_\_\_\_

First Name

Middle Name

Last Name


8a. Attached Statement

**Rental Income**

1. Gross Monthly Income:	<u>\$1,500.00</u>
2. TOTAL EXPENSES	<u>\$0.00</u>
3. AVERAGE NET MONTHLY INCOME	<u>\$1,500.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Laura</u>	<u>Mendoza Garcia</u>
	First Name	Middle Name Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>
	First Name	Middle Name Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>	
Case number (if known)	<u></u>	

 Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

- ☒ No.
- ☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Laura Mendoza Garcia  
Laura Mendoza Garcia, Debtor 1

Date 03/12/2025  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Laura</u>	<u>Mendoza Garcia</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)		
	First Name	Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>	
Case number (if known)		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM/DD/YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Child

☐ No. ☒ Yes.

Child

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$2,679.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$0.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1

**Laura**

**Mendoza Garcia**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

		Your expenses
5.	<b>Additional mortgage payments for your residence, such as home equity loans</b>	5. <u>\$0.00</u>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. <u>\$124.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$33.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$180.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	<b>Food and housekeeping supplies</b>	7. <u>\$400.00</u>
8.	<b>Childcare and children's education costs</b>	8. <u>\$406.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	9. <u>\$150.00</u>
10.	<b>Personal care products and services</b>	10. <u>\$80.00</u>
11.	<b>Medical and dental expenses</b>	11. <u>\$50.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$200.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. <u>\$40.00</u>
14.	<b>Charitable contributions and religious donations</b>	14. <u>\$20.00</u>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$350.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. <u>\$0.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. <u>\$0.00</u>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. <u>\$0.00</u>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1

**Laura**

**Mendoza Garcia**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. + \$0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$4,712.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$4,712.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$5,034.75

23b. Copy your monthly expenses from line 22c above.

23b. - \$4,712.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$322.75

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Fill in this information to identify your case:

Debtor 1	<u>Laura</u>	<u>Mendoza Garcia</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)		
	First Name	Last Name
United States Bankruptcy Court for the:	<u>District of New Jersey</u>	
Case number (if known)		

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### 1. Schedule A/B: Property (Official Form 106A/B)

- 1a. Copy line 55, Total real estate, from Schedule A/B.....
- 1b. Copy line 62, Total personal property, from Schedule A/B.....
- 1c. Copy line 63, Total of all property on Schedule A/B.....

**Your assets**  
Value of what you own

\$166,670.00

\$20,200.00

\$186,870.00

### Part 2: Summarize Your Liabilities

#### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

- 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....

\$328,797.00

#### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....

3500

+ \$39,343.01

Your total liabilities

\$371,640.01

### Part 3: Summarize Your Income and Expenses

#### 4. Schedule I: Your Income (Official Form 106I)

- Copy your combined monthly income from line 12 of Schedule I.....

\$5,034.75

#### 5. Schedule J: Your Expenses (Official Form 106J)

- Copy your monthly expenses from line 22c of Schedule J.....

\$4,712.00



Debtor 1 Laura Mendoza Garcia Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$6,059.67

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$0.00</u>

Form oresadoc - oresadocv27

**UNITED STATES BANKRUPTCY COURT**

District of New Jersey  
MLK Jr Federal Building  
50 Walnut Street  
Newark, NJ 07102

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Case No.: 24-22811-RG  
Chapter: 13  
Judge: Rosemary Gambardella

In Re: Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Laura Mendoza Garcia  
dba S&S Party Center II LLC  
15 Mohawk Avenue  
Hawthorne, NJ 07506

Social Security No.:  
xxx-xx-4960

Employer's Tax I.D. No.:  
45-2719861

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**ORDER RESPECTING  
AMENDMENT TO SCHEDULE D, E/F, G OR H  
OR LIST OF CREDITORS**

The Court having noted that the debtor filed an Amendment to Schedule D,E/F on 3/12/2025 or to the List of Creditors on , and for good cause shown, it is

ORDERED that the debtor must provide notice of the Amendment to the creditor(s) or party(ies) being deleted, added or modified and to the trustee in the case, if any, not later than 7 days after the date of this Order.

It is further ORDERED that the debtor(s) must serve on added creditors or parties, not later than 7 days after the date of this Order, the following:

1. A copy of the applicable Notice of Chapter 13 Bankruptcy Case, and
2. In a Chapter 11 case:
  - a) a copy of the last modified plan and disclosure statement, if any, and
  - b) a copy of any order approving the adequacy of the disclosure statement and/or the scheduling of the plan for confirmation.
3. In a Chapter 12 or Chapter 13 case:
  - a) a copy of the Notice of Hearing on Confirmation of Plan, if any, and
  - b) a copy of the last modified plan that has been filed in the case.

It is further ORDERED that not later than 7 days after the date of this Order, the debtor(s) must file the Local Form, Certification of Service, certifying compliance with the above requirements.

It is further ORDERED that the added creditors or parties have

1. until the original deadline, if any, fixed by the court to file a complaint to object to the debtor's discharge or dischargeability of certain debts, or sixty 60 days from the date of this Order, whichever is later;

2. until the original deadline, if any, fixed by the Court to file a proof of claim or required supplement, or sixty 60 days from the date of this Order, whichever is later;
3. until the original deadline fixed by the Court to object to exemptions, or thirty 30 days from the date of this Order, whichever is later.

Dated: March 13, 2025

JAN: mlc

Rosemary Gambardella  
United States Bankruptcy Judge